

UNIFORM HAZARDOUS WASTE MANIFEST

TRAKS 206 & 298

STATE ID NUMBER 83052367

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

DOUGLAS AIRCRAFT COMPANY
190th & NORMANDIE
TERRANCE, CA. 90502

AREA CODE/PHONE NUMBER (213) 533-7612

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD086510005

TRANSPORTER NO. 1

OIL PROCESS COMPANY
5756 ALBA STREET
LOS ANGELES, CA. 90058

VEH./CONTAINER NO.

EPA ID NUMBER

CADD50806850

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

KETTLEMEN HILLS
4344 W. GALE
COALINGA, CA.

VEH./CONTAINER NO.

EPA ID NUMBER

CAT006646117

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK LANDFILL
2210 S. AZUSA AVE.
WEST COVINA, CA. 91793

AREA CODE/PHONE NUMBER

CADD067786749

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT NO. DISP.
METH

SODIUM HYDROXIDE SOLUTION

CORROSIVE

UN 1824

1800

6

1 CT 122

COMPONENTS

CONC. RANGE

UPPER

LOWER

UNITS

%

PPM

1. SODIUM HYDROXIDE

8

%

2. SODIUM ALUMINATE

6

%

3. SULFUR

6

%

4. WATER

80

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES, GOGGLES - MAY CAUSE SEVERE BURNS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

03

16

88

Printed or typed full name and signature DOROTHY STOUT

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

EPA ID NUMBER

FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY

THANKS 206 & 298

STATE ID NUMBER 83052367

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS DOUGLAS AIRCRAFT COMPANY 190th & NORMANDIE TORRANCE, CA. 90502				MANIFEST DOCUMENT NUMBER			
AREA CODE/PHONE NUMBER (213) 533-7612				EPA ID NUMBER C I A D 0 8 6 5 1 0 0 0 5			
TRANSPORTER NO. 1 OIL PROCESS COMPANY 5756 ALBA STREET LOS ANGELES, CA. 90058			VEH./CONTAINER NO.		EPA ID NUMBER C I A D 0 5 0 8 0 6 8 5 0		
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY KETTLEMEN HILLS 4344 W. GALE COALINGA, CA.			VEH./CONTAINER NO.		EPA ID NUMBER C A T 0 0 6 6 4 6 1 1 7		
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL 2210 S. AZUSA AVE. WEST COVINA, CA. 91793				EPA ID NUMBER C A D 0 6 7 7 8 6 7 4 9			
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS		UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT NO.	DISP METH
SODIUM HYDROXIDE SOLUTION		CORROSIVE	UN 1 8 2 4	1800	6	1 C T 1 2 2	03
COMPONENTS				CONC. RANGE		UNITS	
				UPPER	LOWER	%	PPM
1. SODIUM HYDROXIDE				8		%	
2. SODIUM ALUMINATE				6		%	
3. SULFUR				6		%	
4. WATER				80		%	
SPECIAL HANDLING INSTRUCTIONS GLOVES, GOGGLES - MAY CAUSE SEVERE BURNS							
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Printed or typed full name and signature DOROTHY STOUT				MO.	DAY	YR.	
				03	16	83	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets							
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature							
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature							
DISCREPANCY INDICATION SPACE							
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD/F must complete waste number. See instructions.							
Printed or typed full name and signature JANE				EPA ID NUMBER C A D 0 6 7 7 8 6 7 4 9	MO.	DAY	YR.
				03	12	83	